



REQUEST FOR SUPERVISOR LICENSURE VERIFICATION

(You are advised to check with the Board before forwarding this form to determine if there are additional requests and/or fees charged before such information will be released.)

To the State Board of _____

Please verify licensure for _____
_____ (supervising CPA)

During the following time frame: from _____ to _____

Applicant:
Complete Section @
Bottom of Page

TO BE COMPLETED BY THE STATE BOARD:

Mr./Ms. _____ had an active

☐ Certificate # _____

☐ License to practice # _____

☐ The certificate/license was held during the above mentioned time frame.

☐ The certificate/license was not held during the above mentioned time frame, it was held from
_____ to _____ .

Was experience required for the certificate/license? ☐ Yes ☐ No

Please provide any additional information you may have regarding disciplinary actions relating to this license/certificate.

Official Seal

State Board

Signature

Title

Date

Please return to this page to the applicant listed below for Arizona certification. **DO NOT** send to the Arizona State Board of Accountancy.

Name of applicant _____

Address _____